

<b>KANSAS WING CHECK REQUEST</b> <b>FOR UNITS BELOW WING LEVEL</b>			
DATE:		DATE NEEDED BY:	
UNIT NAME:		CHARTER #: NCR-KS-	
ISSUE CHECK TO: (Name or Company) _____			
STREET ADDRESS: _____			
CITY, STATE, ZIP: _____			
E-MAIL ADDRESS: _____			
PHONE: _____			
<b>****ITEMIZED EXPENSES****</b>			
ITEM	DESCRIPTION	COA NUMBER	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
<b>TOTAL AMOUNT OF CHECK</b>			\$ -
<b>REMARKS:</b>			
<b>UNIT FINANCE APPROVAL</b>			
<small>CHECK AMT. \$200 OR MORE? PROVIDE DATE APPROVAL RECORDED IN FINANCE COMM. MEETING MINUTES</small>			
<u>REQUIRED APPROVALS</u>		SIGNATURE	DATE:
UNIT COMMANDER:			
UNIT FINANCE COMMITTEE MEMBER:			